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CONFIRMATION NO. 5359

<b>SERIAL NUMBER</b> 10/699,987	<b>FILING OR 371(c) DATE</b> 11/03/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 025444.1059-US02
<b>APPLICANTS</b> Wing-Kee Philip Cho, Princeton, NJ;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/175,480 06/19/2002 PAT 6,709,676 and is a CIP of PCT/US00/34404 12/19/2000 which claims benefit of 60/172,752 12/20/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/11/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 25
				<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 26853				
<b>TITLE</b> EXTENDED RELEASE ORAL DOSAGE COMPOSITION				
<b>FILING FEE RECEIVED</b> 6332	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	